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STATE OF DELAWARE
**EXAMINING BOARD OF PHYSICAL THERAPISTS AND
ATHLETIC TRAINERS**

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**STATEMENT OF SUPERVISING PHYSICAL THERAPIST OR ATHLETIC TRAINER
Reactivation of License**

INSTRUCTIONS

When to File

A Delaware-licensed Physical Therapist (PT), Physical Therapist Assistant (PTA) or Athletic Trainer (AT) may request reactivation of a license in inactive status. If the licensee has not been actively practicing for the past five years, he or she is required to complete six months of supervised clinical practice (Section 11.1.2.3 of the Board's [Rules and Regulations](#)).

The Delaware-licensed PT or AT who will supervise the licensee files this form with the Delaware Examining Board of Physical Therapists and Athletic Trainers **before** the licensee starts supervised practice. The form's purpose is to document that the licensee has a supervising PT/AT and that the supervisor understands his or her responsibility. The Board office cannot reactivate the license until it receives this form.

The supervising PT or AT completes, signs and submits the form **directly** to the Board office. If the licensee has more than one supervising PT and/or AT, **each** supervisor must submit one of these forms.

Note: This form may also be used when the Board requires a period of supervised clinical practice following a period of disciplinary status, such as suspension. However, for supervision statements in connection with applications for a temporary PT/PTA/AT license, use the [Statement of Supervising PT or AT - Temporary License](#) form.

Supervision

The supervising PT or AT is responsible for the actions of the licensee under his/ her supervision and must document all supervision (Section 1.2 of the Board's [Rules and Regulations](#)). **Direct supervision** in connection with a PT or AT practicing under supervision means:

- A licensed PT or AT supervisor must be on the premises when the person is practicing.
- The supervisor must sign all evaluations and progress notes written by the person.

LICENSEE INFORMATION

1. Licensee Name: _____
Last/Family First Middle

2. Delaware License Number: J ____ - _____

SUPERVISOR INFORMATION

3. Supervisor's Name on License: _____
Last/Family First Middle

4. Delaware License Number: J ____ - _____

5. Address Where Supervision Will Occur: _____
Practice Name

Street City **DE** Zip

I certify that I understand my responsibility to supervise the licensee named above and that I will do so in accordance with the rules above. I agree to promptly report to the Board office, in writing, if I cease to be the licensee's supervisor.

Supervisor Signature: _____ **Date:** _____